

COMMUNITY AND IN-HOME OPTIONS TO INSTITUTIONAL CARE FOR

THE ELDERLY AND DISABLED (CHOICE)

Board Meeting Minutes September 16, 2010

Indiana Government Center South, Conference Room 1&2

402 W. Washington St., Indianapolis, IN

CHOICE Board Members Present: Prudence Twigg, Jean Macdonald, Adrienne Shields, John Holmes, Humbert Lopes, Sen. Jean Breaux, Rep. Ed Clere, Sen. Vaneta Becker, Dr. F. Timothy Janis, Kay Crawford, Blake Jackson, Rep. John Day

CHOICE Board Members Absent: Pete Emigh, Dorian Maples,

Visitors: Roxsandra Clemons-McFarthing, Lorelee Moore, Kristen LaEace, Rebecca Carte, Paul Chase, Kathryn Williams, Julia Feagans, John Cardwell, Justine Currie, Tina Boneff, Rebecca Kasper, Orion Bell, Kay Crawford,

Call to Order: Prudence called the meeting to order. A motion was called for approval of the minutes. There is a typo on the last paragraph first sentence "In December the Medicaidclients" is misspelled, with the correction the minutes were approved unanimously by the Board. Prudence apologized to the Board regarding an article that was in the local newspaper.

Division of Aging Update: Nick presented a cost share report regarding the area agencies to the Board that was requested at the last meeting which includes the client count by area agency and the dollars collected.

Senator Becker posed a list of questions to Nick that were answered by him and the Division staff. Questions that couldn't be answered right away will be researched and sent to her at a later date.

A motion was made and approved by the Board to have a brown bag meeting at noon before the start of the CHOICE Board November 18th meeting to include the Board along with special interest groups to look at where the Division of Aging is going.

Nick informed the Board that the figures presented in the handouts are estimates from the last fiscal year, not actual numbers. The waivers and nursing home admissions were a challenge from a financial perspective for the Division. The Division was not able to control the flow of people entering into the nursing homes, it's an entitlement, if they meet the level of care and if that is the best solution for them they can enter into a facility. The Division did maximize the number of available slots for the waiver program and home and community based services, which was very effective for the Division which ultimately led them to spend more than they had available. The good news is that the Division was financially responsible on the non-Medicaid side and ended up in controlling the cost a lot better than they did from the Medicaid standpoint

The MFP (Money Follows the Person) program has successfully transitioned 143 clients. The Division has asked CMS to add Assisted Living the options for MFP clients, but haven't heard back as of yet.

There are roughly about 11,000 people receiving services under the CHOICE program and the average cost per client is \$591 for fiscal 2010.

The Division spends very little dollars on the overall administration of the Division, they have \$700,200 budgeted for administration but has only spent \$392,000.

The CHOICE Annual Report was given the Board for their review and comments before being sent to the legislature.

The Division has been working on the CHOICE manual update and it should be ready to present to the Board at the November meeting for review and comments.

Susan Waschevski gave the Board a definition of an Adult Foster Care (AFC) per a request at the last CHOICE meeting. The AFC is a service provided under the FSSA Aged and Disabled (A&D) Medicaid Waiver program, which so far has 57 certified AFC homes. It can serve up to 4 individuals in a home like setting, be able to come and go as they please and have access to 24-hour care, along with their own bedroom and access to a bathroom. The Indiana program is designed to serve individuals who require only intermediate care. The Division partners with an area agency staff to conduct a site visit, and every 3 years they go back out and do another survey as they are not licensed.

Karen Gilliland presented the Board with a copy of the survey tool that is used to survey all the Division's non-licensed providers, including CHOICE and waiver programs. The Division has worked the last 6 to 9 months to survey all the area agencies, independent case managers, adult day services, adult foster care and any who did services under the waiver and CHOICE program that did not have a license. The surveys of the area agencies and adult foster care show that that are doing a good job. Any surveys that were done and there were infractions were given actions plans for corrective actions to come back up to standard. Through the surveys it was deemed that some training was required and they've instituted conference call meetings, meetings with supervisors, and some area agencies have gone out to investigate. They are considering doing more frequent surveys for adult foster care providers. By the end of the first quarter of this fiscal year they would have seen everybody once.

Kristen LaEace Chief Executive Officer of IAAAA did research on how other states manage their long term care program. Ohio and other states seem to be utilizing their waivers in a much more aggressive fashion than Indiana. In Ohio their nursing home expenditures are managed by a different agency, their Division of Aging manages their waiver expenditures. Through a statute they created a state level entitlement for a waiver, especially if the client was going to be at risk or was being evaluated for placement in a nursing home. If the client needs additional care and would otherwise be placed into a nursing home through the resources they could get a waiver. By policy Ohio submits regularly adjustment or amendments to their waiver application to reach the number of waiver slots needed. Across their 2 agencies they are working with a unified long term care budget at the state level. They are looking at their waiver and nursing home money as one pot of money, through a complicated

method, money is transferred between the 2 divisions , going in and out on a as needs based on the number of people needing nursing home care and waiver services. By state statute they calculate person by person an estimate of the saving for each client who went from the nursing home to a waiver and include that information in their annual report. This is something I-4A is looking at, but they haven't approached the Division of Aging.

John Cardwell gave the Board a copy of a handout on "Patient Protection and Affordable Care Act" and commented on the hallmark of the consistency of data in the past that is not present now.

Paul Chase requested that the information given to the CHOICE Board be e-mailed out or distributed to the audience. He would also like to have the quarterly financial report from the Division of Aging posted. In conjunction with some of the new provisions that are available under the Federal Health Care Reform Law, next Tuesday the Select Joint Commission on Medicaid Oversight in the morning will talk about some of the new provisions.

Adjournment: With no further business the meeting was adjourned by Jean Macdonald.